



# **ACCOUNT OPENING FORM - CORPORATE**

Application Date	Branch/ Department
1: Please complete in BLOCK LETTERS & tick where appropriate  2: Please disregard whichever is not appropriate  Limited Company/ Partnership  Sole Proprietorship  Others  Please Specify	Global Business/ Trust Societe/ Club/ Association
A. BUSINESS CUSTOMER INFORMATION	
Business Registered Name	Trade Name (if applicable)
Nature of Business	VAT No
Global Business License No	Business Registration No (BRN)
Registration Date	Certificate of Incorporation No
Date of Incorporation	Country of Incorporation
Registered Address	Mailing Address
Phone	Fax
Email Address	Website
Is the company a Subsidiary/ Associate of another organisation?  If yes, please provide details below	Yes No
Subsidiary of	Associate of
(i.e owned more than 50%) List of countries where subsidiaries/ associates are located	(i.e owned between 20% - 50%)
Geograhic area	
Does the company have accounts with other banks or financial in If yes, enter details here	stitution? Yes No
Bank Name	Bank Address

## **B. ACCOUNT OPENING** Type of Account required **Current Account** Fixed Deposit Other Currency **EURO** MUR USD **GBP** Others (please specify) ..... Cheque book order (for Current Account in MUR only) 25 sheets 50 sheets 100 sheets to be collected at ...... branch by (Name) (Identification) Statement Delivery Post E-statement Email address Mailing address **C. STATEMENT OF AFFAIRS** Please complete this section if you are unable to provide us with your latest accounts. **CAPITAL INVESTED** What amount of capital has been/will be invested? Please state source of funds: **EXPECTED TURNOVER EXPECTED EXPENDITURE** What is the business' annual turnover likely to be? What is the business' annual expenditure likely to be? **D. CONTACT DETAILS Second Contact First Contact Contact Name** Job Title Method of Contact Telephone Fax Mobile **Email Address** E. CALL BACK DETAILS (if different from above) First Contact **Second Contact Contact Name** Job Title **Method of Contact** Telephone Fax

Mobile

**Email Address** 

Where shareholders/ beneficial owners with a holding of 20% or more are companies/ entities, please provide details as follows: **Full Name of Entity Country of Incorporation** Nature of Business % of Ownership ..... ..... ...... ..... Personal Details For Official This section is to be completed for all individuals identified in the previous pages 1 2 Cust ID (Bank Use) Surname Name Maiden Name Nationality **ID** Type ID No Date of Issue **Date of Expiry** Date of Birth Place of Birth **Marital Status Residential Address Mailing Address** Telephone Fax Mobile **Email Address** Profession Position Held

Account Opening Form - Corporate - V1.1

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Cust ID (Bank Use)		
Surname		
Name		
Maiden Name		
Nationality		
ID Type		
ID No		
Date of Issue		
Date of Expiry		
Date of Birth		
Place of Birth		
Marital Status		
Residential Address		
Mailing Address		
Telephone		
Fax		
Mobile		
Email Address		
Profession		
Position Held		
	_	6
5 ID (D . I . I . )	5	6
Cust ID (Bank Use)	5	6
Surname	5	6
Surname Name		6
Surname Name Maiden Name		6
Surname Name Maiden Name Nationality		6
Surname Name Maiden Name Nationality ID Type		6
Surname Name Maiden Name Nationality ID Type ID No		6
Surname Name Maiden Name Nationality ID Type ID No Date of Issue		
Surname Name Maiden Name Nationality ID Type ID No Date of Issue Date of Expiry		
Surname Name Maiden Name Nationality ID Type ID No Date of Issue Date of Expiry Date of Birth		
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Surname Name Maiden Name Nationality ID Type ID No Date of Issue Date of Expiry Date of Birth Place of Birth Marital Status		
Surname Name Maiden Name Nationality ID Type ID No Date of Issue Date of Expiry Date of Birth Place of Birth Marital Status Residential Address		
Surname Name Maiden Name Nationality ID Type ID No Date of Issue Date of Expiry Date of Birth Place of Birth Marital Status Residential Address Mailing Address		
Surname Name Maiden Name Nationality ID Type ID No Date of Issue Date of Expiry Date of Birth Place of Birth Marital Status Residential Address Mailing Address Telephone		
Surname Name Maiden Name Nationality ID Type ID No Date of Issue Date of Expiry Date of Birth Place of Birth Marital Status Residential Address Mailing Address Telephone Fax		
Surname Name Maiden Name Nationality ID Type ID No Date of Issue Date of Expiry Date of Birth Place of Birth Marital Status Residential Address Mailing Address Telephone Fax Mobile		
Surname Name Maiden Name Mationality ID Type ID No Date of Issue Date of Expiry Date of Birth Place of Birth Marital Status Residential Address Mailing Address Telephone Fax Mobile Email Address		6
Surname Name Maiden Name Nationality ID Type ID No Date of Issue Date of Expiry Date of Birth Place of Birth Marital Status Residential Address Mailing Address Telephone Fax Mobile		

### H. COMPANY DECLARATION

Please accept this as the company's authority to divulge any information requested by our professional advisors as detailed in part E. This authority is to remain in force until cancelled in writing. Any changes to the details of our professional advisors will be notified to you immediately.

We are aware that a copy of the tariff brochure and the code of Banking Practice are available at the bank for our perusal. In addition, there are other specific terms and conditions applicable to particular types of account. Copies of such terms and conditions are available at the bank.

We are aware that following the enforcement of the Financial Intelligence and Anti-Money Laundering Act 2002, financial institutions must take such measures as are reasonably necessary to ensure that neither they nor any services offered by them are capable of being used by a person to commit or to facilitate the commission of a laundering offence. As such, we certify that the money remitted to this account is not the proceeds of any economic crime or money laundering activity.

We confirm that the information given is true and complete. We authorise you to make any search or other enquiries in accordance with your normal procedures in connection with this application.

We are fully aware that our personal data and information, submitted to ABC Banking Corporation Ltd, relating to our dealings with the banking services, will be delivered, handled and stored by a service provider and the bank assures its customers that section 64 of the Banking Act 2004, with respect to Confidentiality will be complied with in the process.

Declaration made on behalf of			
Signatures			
Name		Signature	
ID/Passport No			
Name		Signature	
ID/Passport No			
Name		Signature	
ID/Passport No			
Name		Signature	
ID/Passport No			
Office Use Only			
CIF	IBAN		Account No
BOM Sector	BOM Sub-sector		
Customer Risk Category	Relationship Manager		
ISIC Code Finance	ISIC Code Risk		Liability Code
Completed by	Signature		Date
Processed by	Signature		Date
Verified by	Signature		Date

APPOINTMENT OF BANKER	S & MANDATE TO BANK			
At a meeting of the Board of D	rirectors of			whose registered
office is at		he	ld the	day of
It was resolved that:				
1. ABC Banking Corporation Ltd	be appointed as banker for t	ne company.		
2. The company opens bank acc			Corporation Ltd.	
3. The signatories named below	and in the combination speci	fied below be aut	horised to sign all che	eques, negociate instruments,
deeds and any other instrument	ts on behalf of the company.			
Name	ID/Passpor	t No	Position	Specimen Signature
Name	iD/Passpoi	LINO	POSITION	Specimen Signature
		•••••		
Mode of Operation				
Any one of the above	Any two of the above	Specify any	other combination	
Certified a true copy Resolution	of the Board of Directors			
		SEAL		

Company Secretary/ Authorised Signatory (Signature and seal of company)

Date .....



## FAX EMAIL INDEMNITY - RETAIL/ CORPORATE

IRREVOCABLE AND UNCONDITIONAL INDEMNITY FOR INSTRUCTIONS TRANSMITTED BY FACSIMILE, **TELEPHONE AND OTHER ELECTRONIC MEANS** 

Account Name	Customer Name
Account No	
I*/We*, Mr/Mrs	OR
I*/We* the undersigned being duly authorised by	(the 'Company'
hereacting in my*/our* capacity as authorised signatory(i	ies) of the Company, authorise and instruct ABC Banking Corporation Ltd
(the 'Bank'), to execute within the shortest possible dela	ay, the instructions which I*/We*/the Company* am*/are*/is* likely to
transmit by fax, telephone (for treasury transactions onl	ly), scanned email instructions or any other mode of communication, ir
relation to the operation of my*/our*/the Company's* a	accounts/facilities/transactions with the Bank, pending receipt or not o
my*/our*/the Company's* original written confirmation	n, which when issued by me*/us*/the Company*, signed by authorised
signatories in accordance with the account mandate will	be annotated with "Instructions already given".
I*/We*/the Company* am*/are*/is* however, perfectly a	aware of the inherent risks of transmitting instructions by fax, telephone
(for treasury transactions only), scanned email instructio	ns or any other electronic means, such as, but not limited to, delays and
errors in transmission or payment, incomprehension	, absence of confidentiality, transmission by unauthorised persons
embezzlement, misappropriation of information and loss	s caused thereby, and therefore agree to bear the consequences thereof
In consideration of the Bank agreeing to carry out my*/ou	ur*/the Company's* instructions by such means as aforesaid, I*/We*/the
Company* undertake:	
1. to hold the Bank or any of its officers, employees and	agents harmless in the execution of such Instructions:

- 2. not to enter any action(s) against the Bank or any of its officers, employees and agents (and in so far as need be, I\*/We\* /the Company\* hereby irrevocably renounce(s) any rights which I\*/We\*/the Company\* might have);
- 3. to hold harmless and indemnify the Bank against all actions, proceedings, claims, reasonable costs, demands and expenses which may be brought against, suffered or incurred by the Bank or any of its officers, employees and agents by any third party as a result of your complying with instructions transmitted by the above means including all reasonable legal, professional and other expenses properly incurred by the Bank arisen either directly or indirectly out of or in connection with your accepting Instructions and acting thereon;
- 4. to keep at all times the Bank indemnified against, and to hold the Bank harmless from, all actions, proceedings, claims, loss, damage costs and expenses which may be brought against you or suffered or incurred by you and which shall have arisen either directly or indirectly out of or in connection with your accepting Instructions and acting thereon.

I\*/We\*/the Company\* hereby authorise(s) the Bank to act on the Instructions which the Bank reasonably believes to emanate from me\*/us\*/the Company\* and the Bank shall not be liable for acting in good faith on instructions which emanate from unauthorised individuals. The Bank may decline or delay acting on any message for any reason - ambiguous messages, incomplete messages, lack of funds, or for any other reason not specified herein.

I\*/We\*/the Company\* agree(s) that the Bank shall not be under any duty to verify the identity of the person or persons giving Instructions purportedly in my\*/our\*/the Company's\* name and any transaction made pursuant to Instructions shall be binding upon me\*/us\*/the Company\* whether made with or without my\*/our\*/the Company's\* authority, knowledge or consent;

I\*/We\*/the Company\* hereby agree(s) that the Bank may act on any message provided by me\*/us\*/the Company\*, or purported to be provided by me\*/us\*/the Company\* and such message will be binding on me\*/us\*/the Company\* without confirmation by the Bank. The death or winding up of any one of the undersigned shall not invalidate this indemnity and it is understood that this indemnity cannot be revoked without the consent of the Bank.

Made and Executed on the day of	
Signature	Signature

Name

Seal of Company

\* delete as appropriate



Name